**PMH49**

## PERFORMANCE OF THE SF-12 AND RAND-12 PHYSICAL AND MENTAL HEALTH SUMMARY SCORES IN PEOPLE PRACTICING MEDITATION

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**OBJECTIVES:** Previous studies suggested that the performance of RAND-36 summary scores was better than that of the SF-36 in discriminating groups with different health status. Meditation is a complementary therapy posited to improve quality of life. Our aim is to compare the performance of SF-12 and RAND-12 summary scores in a sample of people practicing meditation. **METHODS:** Data from a convenience sample of 141 subjects practicing meditation were abstracted from a larger, cross-sectional study. Generalized linear models were used to compare physical and mental summary scores of the SF-12 (PCS12 and MCS12) and RAND-12 (PHC and MHC) adjusted for age, gender, education, and income among known groups defined by quartiles of: 1) number of co-morbidities, 2) overall quality of life (VAS-QOL); and 3) meditation practice time. **RESULTS:** Compared to the general population, the subjects had comparable physical and mental summary scores. As anticipated, all the summary scores (PCS12, MCS12, PHC, and MHC) decreased with the increasing number of co-morbidities, and increased with increasing VAS-QOL and meditation time. All measures were significantly different across groups defined by number of co-morbidities ($p < .05$) while the MHC had the highest relative validity ($F3,118 = 7.65$, $p < .001$). Furthermore, the MHC was the only measure to distinguish subjects grouped by VAS-QOL ($p = .01$) or meditation time ($p = .09$). Correlation between PHC and MHC was small and positive ($r = .246$, $p < .01$). However, correlation between PCS12 and MCS12 was negative ($r = -.384$, $p < .01$) which is inconsistent with the assumption of no correlation which forms the basis of the SF-12 algorithm. **CONCLUSIONS:** Our study shows the RAND-12 summary scores are more sensitive in detecting differences in mental health among people practicing meditation. Moreover, the use of SF-12 summary scores may be problematic because of the counterintuitive correlation between the two scores and the RAND-12 summary scores may be a better alternative.

**PMH50**

## COMORBID DIABETES AND SCHIZOPHRENIA: IMPACT ON HEALTHCARE RESOURCE USE

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**OBJECTIVES:** We compared the use of healthcare resources in patients with schizophrenia alone, comorbid diabetes and schizophrenia, and diabetes alone. **METHODS:** In June 2002, 850 people with schizophrenia, identified through the National Alliance for the Mentally Ill and community mental health centers, completed self-administered questionnaires. Of these, 109 (12.8%) reported comorbid diabetes. For comparison, a random sample of 1000 persons with type 2 diabetes (18 to 64 years old) was generated from a similar study of 4721 people with diabetes. Data on emergency room (ER) visits and hospitalization during the past six months were collected for all respondents. Costs were calculated using Statistical Abstracts of the United States: 2000 (ER: $320/visit; hospitalization: $1126/day). Gender, age, and race were controlled using multiple regression analysis. **RESULTS:** Patients with schizophrenia averaged 3.3 days more hospitalized ($P = 0.004$) than patients with diabetes alone (additional cost: $3700). Patients with comorbid schizophrenia and diabetes averaged 1.2 ER visits more ($P < 0.001$) and 11.3 days more hospitalized ($P < 0.001$) than patients with diabetes alone (additional costs: $396 and $12,800, respectively), and 1.0 ER visit more ($P = 0.001$) and 8.1 days more hospitalized ($P > 0.001$) than respondents with schizophrenia alone (additional costs: $319 and $9100, respectively). **CONCLUSION:** Comorbid schizophrenia and diabetes are associated with significantly greater healthcare resource use and costs of care than either diabetes or schizophrenia alone.

**PMH51**

## IMPACT OF COMORBID DIABETES ON FUNCTIONING IN SCHIZOPHRENIA

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**OBJECTIVES:** Use of conventional and atypical antipsychotics in persons with schizophrenia has been associated with increased risk of developing type 2 diabetes. We studied the potential link between comorbid diabetes and functional status in persons with schizophrenia. **METHODS:** In June 2002, 850 people with schizophrenia, identified through the National Alliance for the Mentally Ill and community mental health centers, completed self-administered questionnaires. Of these, 109 (12.8%) respondents had diabetes. Subjects were asked how many hours per week they typically engaged in paid employment, volunteer work, or school/college work. Those who participated in at least one of these activities were considered to engage in productive activity. Gender, age, and race were controlled using multiple regression analysis for hours per week of productive activity and logistic regression for participation in productive activity. **RESULTS:** Compared with those with diabetes, respondents without diabetes were 1.97 ($P = 0.002$) times as likely to participate in productive activities. Paid employment was 2.57 ($P < 0.001$) times more likely; volunteer work, 1.56 ($P = 0.073$) times more likely; and school/college work, 7.32 ($P < 0.001$) times more likely. Respondents without diabetes averaged 12.41 ($P < 0.001$) more hours per week of productive activity than those with diabetes. **CONCLUSION:** Among people with schizophrenia, comorbid dia-